

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/868417	
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/					51	/		/	
2	/					52	/		/	
3	/					53	/		/	
4	/					54	/		/	
5	/					55	/		/	
6	/					56	/		/	
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17	/					67	/		/	
18	/					68	/		/	
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22	/					72	/		/	
23	/					73	/		/	
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25	/					75	/		/	
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27	/					77	/		/	
28	/					78	/		/	
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31	/					81	/		/	
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36	/					86	/		/	
37	/					87	/		/	
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39	/					89	/		/	
40	/					90	/		/	
41	/					91	/		/	
42	/					92	/		/	
43	/					93	/		/	
44	/					94	/		/	
45	/					95	/		/	
46	/					96	/		/	
47	/					97	/		/	
48	/					98	/		/	
49	/					99	/		/	
50	/					100	/		/	
TOTAL						TOTAL				
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